

# 510 (k) Summary of Safety and Effectiveness

Date Summary Prepared: April 10, 2009

Submitter Information: Spinal USA  
2050 Executive Drive  
Pearl, MS 39208

16091044

JUL - 9 2009

Contact Name: Jeffrey Johnson  
Phone: 601-420-4244  
Fax: 601-420-5501  
E-mail: jeff@spinalusa.com

Device Trade Name: Spinal USA Anterior Lumbar Plate System

Common Name: Spinal Fixation System

Regulatory Number: 888.3060

Classification: Class II

Product Code: KWQ

Predicate Devices: Spinal USA Anterior Lumbar Plate System (K070922)

## **INTENDED USE:**

The Spinal USA Anterior Lumbar Plate System is intended for use as an anteriorly placed supplemental fixation device via the lateral or anterolateral surgical approach above the bifurcation of the great vessel or via the anterior surgical approach, below the bifurcation of the great vessels. The device is intended as a temporary fixation device until fusion is achieved. The Spinal USA Anterior Lumbar Plate System is intended for anterior lumbar (L1-S1) fixation for the following indications: degenerative disc disease (DDD), defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies, spondylolisthesis, trauma (i.e., fracture or dislocation), deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis, and failed previous fusion. The Spinal USA Anterior Lumbar Plate System is intended to be used with autograft and/or allograft as an adjunct to fusion.

## **DEVICE DESCRIPTION:**

The Spinal USA Anterior Lumbar Plate System consists of a range of plate and screw sizes. The plates come in sizes of: 21mm, 23mm, 25mm, 27mm. The screws come in 5.0mm and 5.5mm diameters and the screw lengths are 25mm, 30mm, 35mm. The plates attach to the anterior or anterolateral aspect of the vertebral body of the lumbar/lumbosacral spine (levels L1-S1) and provide stabilization to permit the biological process of spinal fusion to occur. All components are made from medical grade titanium or titanium alloy described by such standards as ASTM F136 or ISO5832-3. The products are supplied clean and "NON-STERILE".

## **EQUIVALENT DEVICE:**

Documentation was provided which demonstrated the Spinal USA Anterior Lumbar Plate System to be substantially equivalent to its predicate devices with respect to performance data, intended use and indications, and basic principles of operation. As demonstrated by performance data, these technological differences do not present any new issues of safety or effectiveness.

P1 of 1



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Spinal USA Holdings Inc.  
% Mr. Jeffrey Johnson  
Regulatory Affairs Manager  
2050 Executive Drive  
Pearl, Mississippi 39208

JUL - 9 2009

Re: K091044

Trade/Device Name: Spinal USA Anterior Lumbar Plate System  
Regulation Number: 21 CFR 888.3060  
Regulation Name: Spinal intervertebral body fixation orthosis  
Regulatory Class: II  
Product Code: KWQ  
Dated: June 8, 2009  
Received: June 11, 2009

Dear Mr. Johnson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

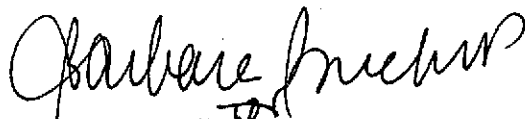
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a stylized flourish at the end.

Mark N. Melkerson

Director

Division of Surgical, Orthopedic

and Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use

510(k) Number : K091044

Device Name: Spinal USA Anterior Lumbar Plate System

### Indications for Use:

The Spinal USA Anterior Lumbar Plate System is intended for use as an anteriorly placed supplemental fixation device via the lateral or anterolateral surgical approach above the bifurcation of the great vessel or via the anterior surgical approach, below the bifurcation of the great vessels. The device is intended as a temporary fixation device until fusion is achieved. The Spinal USA Anterior Lumbar Plate System is intended for anterior lumbar (L1-S1) fixation for the following indications: degenerative disc disease (DDD), defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies, spondylolisthesis, trauma (i.e., fracture or dislocation), deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis, and failed previous fusion. The Spinal USA Anterior Lumbar Plate System is intended to be used with autograft and/or allograft as an adjunct to fusion.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE  
OF NEEDED)

---

Concurrence of CDRH, Office of Device Evaluation (ODE)

                     (EXT. FORM)  
(Division Sign-Off)

Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K091044